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March 27, 2009

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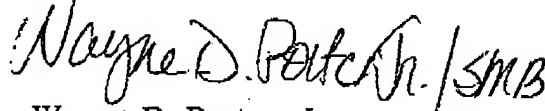
Re: Files to be Associated with Customer No. 77096

Gentlemen:

I have been advised by personnel in the Electronic Business Center to fill out a copy of from SB-81 for certain applications that I wish to transfer from Customer No. 7609 to Customer No. 77096. The form and other necessary documents are attached.

My contact information is set forth above if you need to contact me. Thank you for your prompt attention to this matter.

Very truly yours,



Wayne D. Porter, Jr.

Reg. No. 26,977

WDP/smb
Encl.

MAR 27 2009

PTO/SB/81 (01-09)

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**POWER OF ATTORNEY
OR
REVOCATION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/808211
Filing Date	March 24, 2004
First Named Inventor	Albert N. Santilli
Title	Surgical Drape & Meth. of Use
Art Unit	3772
Examiner Name	N/A
Attorney Docket Number	SPE-15433

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

77096

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name:

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City

Country

Telephone

State

Zip

Email

I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) Submitted herewith or filed on _____

Signature		SIGNATURE of Applicant or Assignee of Record	
Name	Albert N. Santilli	Date	3-19-09
Title and Company		Telephone	216-587-4400

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<input type="checkbox"/> Firm or Individual Name			
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City	State	Zip	
Country			
Telephone			
Email			


I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on

SIGNATURE of Applicant or Assignee of Record			
Signature		Date	23 Mar 09
Name	John D. Corbitt, Jr.	Telephone	661 4391100
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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